



**Youth Neighborhood Association Partnership Program**  
**Neighborhood Youth Serving the Community**

---

# **GRANT APPLICATION**

---

*Youth Led Service Learning Projects*

Grant Application Due Date: **September 12, 2008**

**City of Las Vegas**  
**Neighborhood Services Department**  
**Neighborhood Initiatives Division**

*Submission of complete application does not guarantee funding. YNAPP will select a wide range of diverse projects. Please read guidelines carefully before submitting proposal. All projects must be within the city of Las Vegas city limits. (See enclosed map)*

---

# City of Las Vegas

## Corporate Limits Map

*If you have any questions about the location of your project, please contact Kelly Woods, YNAPP Coordinator at 229-5267.*





## Grant Application Demographic Information

***This information is for statistical purposes only. It will not affect grant approval or denial.***

Fill in the number and gender of youth participants anticipated in the project. This refers to youth **providing services, not youth served by the project.**

	<b>Male</b>	<b>Female</b>
<b>4 - 6 grade</b> (10 - 12 years)	_____	_____
<b>7 - 8 grade</b> (13 - 14 years)	_____	_____
<b>9 - 12 grade</b> (15 - 18 years)	_____	_____

Please fill in the number of youth participants who are:

_____ African American	_____ Asian American
_____ Caucasian	_____ Hispanic
_____ Native American	_____ Other

Please fill in the number of youth who have never volunteered before. \_\_\_\_\_

***Thank you***

## Section 1: Applicant Information

- A. Name of Group/Organization: \_\_\_\_\_  
Number of youth that will participate in project \_\_\_\_\_ Age range of youth \_\_\_\_\_
- B. Describe your group/organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C. Youth Contact \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Age \_\_\_\_\_  
Email \_\_\_\_\_
- D. Adult Contact \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Work/ Phone \_\_\_\_\_ Age \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email \_\_\_\_\_
- E. Name of Partnering Neighborhood Based Organization: \_\_\_\_\_  
\_\_\_\_\_

## Section 2: Describe Your Project

- F. Project Title: \_\_\_\_\_
- G. Describe the project (attach additional paper if needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- H. Where is your project location? \_\_\_\_\_
- I. Do you have permission from the owners of this location? ☐ Yes ☐ No  
(include a copy of your written permission from the property owners)
- J. Are there special permission slips, permits, or insurance coverage, etc. needed for this project? ☐ Yes ☐ No  
(attach a copy of the applicable documents)  
If so, please explain. \_\_\_\_\_

## Section 3: Helping Your Neighborhood

- K. How will your project help your neighborhood? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

L. How did your group determine this project was a neighborhood need? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

M. Who is your project serving? (Please check as many boxes that apply.)

☐ Young children (0-11)

☐ Elderly

☐ Other youth (12-18)

☐ People who are ill

☐ Disabled

☐ Low income families

☐ The environment

☐ Homeless people

☐ Whole neighborhood

☐ Other: \_\_\_\_\_

N. Write a detailed explanation of how each of the groups selected in Item M will be served by your project. \_\_\_\_\_

---

---

---

---

---

---

---

---

O. Approximately how many people will receive service through this project? \_\_\_\_\_

---

## Section 4: Youth Leadership

P. Who wrote this proposal? \_\_\_\_\_

Q. How were youth involved in planning this project? \_\_\_\_\_

---

---

---

---

---

R. How will youth be involved in completing this project? \_\_\_\_\_

---

---

---

---

## Section 5: Service Learning

**S.** What do you think your group will learn about the community from this project? \_\_\_\_\_

---

---

---

---

T. What activities will you use to monitor the projects progress? \_\_\_\_\_

---

---

---

---

**U.** How will your group share what they learn with other people (i.e., writings, pictures, presentations)? \_\_\_\_\_

---

---

---

## Section 6: Project Timeline

V. What is the first stage of your project? \_\_\_\_\_

---

**W.** List all the steps your group will take to complete your project and how long each step will take.  
(For example: Picking up trash - 2 days)

[illegible]

## Section 7.a: Money, Money, Money

## X. Overall Project Budget Worksheet

[illegible]



**City of Las Vegas**  
**Neighborhood Services Department**  
**400 Stewart Ave., 2nd floor • Las Vegas, NV 89101**  
**229-6269**

## **Letter of Intent**

This letter is to confirm that my company/agency \_\_\_\_\_  
(name)

will participate as a partner with \_\_\_\_\_  
(group/organization name)

in the implementation of its Youth Neighborhood Association Partnership Program (YNAPP) project. Our contribution will consist of: (Please check all that apply.)

☐ Cash/check amount of \$\_\_\_\_\_ (please make check payable to\_\_\_\_\_ )

☐ In-Kind Services/Goods of: \_\_\_\_\_  
\_\_\_\_\_

The market value of my company's in-kind contribution is \$\_\_\_\_\_ .

We look forward to working with this group on this project and will participate in upcoming publicity events for YNAPP.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

### **Please Print**

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone # \_\_\_\_\_



## Section 7.b: Volunteer Labor

## Y. Volunteers and time

[illegible]

**X \$15.00 per hour**

**TOTAL ESTIMATED DOLLAR VALUE**

## Section 7.c: Funding Match

### Z. Funding

TOTAL VOLUNTEER LABOR	
TOTAL DONATED SUPPLIES / MATERIALS	
TOTAL CASH DONATIONS	
GRAND TOTAL MATCH*	

*\*The amount of your Grand Total Match should equal or exceed the total amount of your YNAPP Grant Request.*

## Section 8: Non-Profit Status

AA. Is your organization a registered non-profit (i.e. State of Nevada, or 501(C)3)?

☐ Yes   ☐ No   (Attach a copy of your nonprofit certification.)

*If your organization is not a registered nonprofit, they must apply for non-profit status to receive YNAPP funds. Contact the Neighborhood Initiatives Division at 229-6269 for assistance or to learn how to apply.*

## Section 9: Certification Page

BB. Who will oversee the use of funds / donations?

---

Name (please print)

Signature

Date

The undersigned adult leader, youth leader and representative of sponsoring organization (if applicable) hereby attest to the fact that this project proposal was initiated and prepared by youth and that this project will be planned and carried out by youth.

---

Project Leader (youth)

Date

---

Project Leader (adult)

Date

### ***The Fine Print***

*The undersigned certifies that the information in this application is true and complete and has been provided for the purpose of obtaining financial assistance from the city of Las Vegas for the project described. The city of Las Vegas and all YNAPP grants, awards and project participants must comply with all Federal Statutes relating to nondiscrimination. This includes, but is not limited to, prohibition on the basis of age, race, sex, color, national origin, or disability. The undersigned further certifies that:*

- 1. All information contained is accurate, contains no mis-statements or misrepresentations, and represents a reasonable estimate of operation based on data available at the time of the application;*
- 2. The sponsoring / partnering organization assumes responsibility for liability;*
- 3. All groups and /or organizations involved with this project will comply with all the Civil Rights and American Disabilities Act (ADA) Regulations summarized above and with other city of Las Vegas guidelines.*

---

Project Leader (youth)

Date

---

Project Leader (adult)

Date





## Neighborhood Based Organization Partnership Agreement

I, \_\_\_\_\_, as a representative from  
\_\_\_\_\_ agree to partner with the  
\_\_\_\_\_

YNAPP project team for the 2005-2006 funding cycle. We support this youth groups efforts to serve the residents of our neighborhood through their service learning project.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Neighborhood Association*



## **Application Checklist**

- ☒ Do you have written permission from the owner of the property where you plan to do your project?
- ☒ Did you double check the math on your application budget? If your project is going to cost more than \$1,000.00, can your project team provide the rest of the needed supplies?
- ☒ Do you have a Letter of Intent from each organization who making the donations listed on your application budget?
- ☒ Did you attach a copy of your organizations non-profit certification?
- ☒ Did the Adult and the Youth Project Team Leaders sign your grant application?